

VISA INSURANCE PROGRAM**U.S. BANK**

EP-MN-TT6L

1010 South 7th Street

Minneapolis, MN 55415-1700

FAX TRANSMITTAL

CONTACT: Lenora Lancaster
COMPANY:
FAX: (303) 894-2375
PHONE: (303) 866-3986
DATE: 9/4/03
FROM: LYNETTE CHRISTIANSON EP-MN-TT6L
FAX#: 763-572-0610
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PAGES: (INCLUDING COVER PAGE)

2003 SEP-4 AM 11:27

The Required Letters which are to be completed and returned to U.S.Bank:

--The AFFIDAVIT OF WAIVER CLAIM FORM must be signed and submitted to U.S.Bank along with the Notification of Termination Letter within 90 days of the employee's termination date.

The information contained in the following Affidavit of Waiver Claim Form was provided by U.S. Bank in an effort to assist you in filling out the form. However, it is imperative your company reviews the information and deems it accurate. Any variance your company may discover should and must be reflected in the claim form, as ultimately its accuracy is solely dependent on your company's review and approval of said information.

The Notification of Termination Letter is a letter delivered to the employee by the company at the time of termination. This letter needs to explain to the former employee the cancellation of his/her account, loss of rights to use it and obligation to pay off any outstanding balance immediately.

Thank you for participating in the Visa Liability Waiver Program. This program is your protection against eligible losses of misuse.

NAME: ACCT:
TERMINATION: 7/3/03 **HIGHEST POSSIBLE CLAIM:** \$745.79

Please Call your AC or RM with any questions you may have!

Thank You!

Ino 9/4/03

VISA[®] LIABILITY WAIVER PROGRAM

AFFIDAVIT OF WAIVER CLAIM FORM

This form **MUST** be returned to the Financial Institution within 90 days of Notification of Termination

COMPANY INFORMATION:

Company Name _____
 Street Address PO BOX 6508
 City _____ State CO Zip 80045
 Contact Person Lenora Lancaster
 Contact Phone Number (303) 866-3986

Date of Account Cancellation Request to Issuing Bank 7/3/03
 Has a claim for this charge been submitted under any other insurance policy? ☐ Yes ☐ No
 Are you or the company aware of any prior dishonest acts committed by this employee? ☐ Yes ☐ No
 Date Account Cancellation Notification Letter Sent to Employee 7/3/03

Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Kit and Program Outline

EMPLOYEE INFORMATION:

Employee Name _____
 Street Address _____
 City DENVER State CO Zip 80203
 Phone Number (303) _____
 Social Security Number _____
 Account Number _____
 Type of Card ☐ Visa Business ☐ Visa Corporate ☐ Visa Purchasing

Notification of Termination Date 7/3/03
 Termination Date 7/3/03
 Is the Employee an ☐ Owner ☐ Partner ☐ Principal Shareholder
☐ None of the Above
 Charge Type ☐ Does Not Benefit Company \$ _____
☐ Employee Reimbursed but failed to Pay Account \$ _____
 Total Amount of Submitted Waivable Charges \$ \$745.79

Please Refer to the complete description of program requirements in the Visa Liability Waiver Program Client Kit and Program Outline

REQUEST FOR WAIVER OF CHARGES:

I wish to certify that the above named cardholder was an employee of _____ (Company Name), According to the terms of the policy, the above named former employee has used his/her card to make unauthorized charges, or cash advances, which did not benefit our company, or has received reimbursement for company expenses but failed to render payment to the account in the amount of \$745.79 as detailed above. Furthermore, if the company recovers any amounts for the waived charges from any source after the company has requested a waiver of the charges, the company will remit all such recoveries to the Financial Institution. The company agrees to assign any rights it may have to collect such amounts from the cardholder, to the program underwriter for Visa claims.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS ACCURATE.

Signature _____ Date _____
 Printed Name _____ Title _____

CLAIM PROCESSING CHECKLIST:

PRIOR TO SUBMISSION

You Must ☐ Complete every question on Side 1 of this form (Incomplete forms will be returned)
☐ Sign and date this form

Attach ☐ Employee Account Cancellation Notification Letter
☐ Copy of statement with waivable charges highlighted (must equal amount claimed)
☐ For claims over \$ 5,000, proof of reimbursement in cases where the employee was reimbursed but failed to pay Financial Institution. (Example of proof would include expense reports or cancelled checks.)

Page: 1 Document Name: untitled

TCSI 001 CODE IPS ACCT

CYCLE 20 AGENT 1308

(INQUIRE PREVIOUS STATEMENT).....

=> J \$ 749.88 PAYMNT DUE DATE 07/11/03 CLOSING DATE 06/20/03

TC	PDAT	TDAT	AMOUNT	REFERENCE NUMBER	MERCHANT DBA	CITY	ST
1001	0526	0524	\$ 468.51	24233373145004003131636	ETECHWAREHOUSE.C	800-4	FL
1001	0602	0601	\$ 93.28	24472683152952355734724	ROXIO INC	SANTA	CA
1006	0603	0602	\$ (3.33)	74472683153952361829793	ROXIO INC	SANTA	CA
1001	0603	0601	\$ 159.00	24499373153900000100011	GRAPHPAD SOFTWARE	858-4	CA
1001	0605	0603	\$ 25.00	24435653155318013241229	XEROX CORPORATIO	50368	OR

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PREV BAL          .00 : PURC F/C          .00 : O/PUR BAL          742.46
PURCHASE         4      745.79 : CASH F/C          .00 : O/CSH BAL          .00
CASH ADV         0      .00 : LATE CHG          .00 : O/MIS BAL          .00
MISC CHG         0      .00 : OVRL FEE          .00 : O/ADD BAL          .00
CREDITS          1      3.33 : INS FEE          .00 : O/PUR F/C          .00
PAYMENTS         0      .00 : PAST DUE          .00 : O/CSH F/C          .00
CURR BAL          742.46 : LIMIT          3,500.00 : MIN PYMT          742.46
< 00001 > OF < 00001 > :: < 05 / 03 > ::::::::::::::::::::::::::::::::::::
PF: 5-PRV STMT  6-NXT STMT  7-BWD PAGE  8-FWD PAGE 10-RESTORE PF KEYS FOR TCSI

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Date: 9/3/ 3 Time: 11:01:48 AM

TOTAL P.03

Please put on company letterhead

(Date)

(Cardholder)

(Address)

(City, State, Zip)

Dear (Cardholder Name)

Please be advised that we have canceled your Visa Corporate Card, account number _____, and that your rights to use the card have ended. Immediately discontinue all use of the card and return it to us if you have not already done so.

In addition, you must immediately pay any unauthorized charges that you owe on the card, and you must pay for all charges for which your former employer has directly reimbursed you. You should also submit any expense reports to your former company as soon as possible.

Thank you for your cooperation in this matter.

Sincerely,

(Authorized signature)